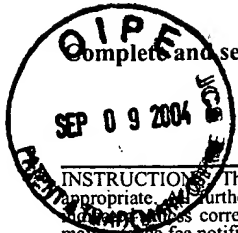


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
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or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 08/11/2004
09/13/2004 WASFAW2 00000024 09937632
William H Drummond
Drummond & Duckworth
5000 BIRCH STREET
SUITE 440, EAST TOWER
Newport Beach, CA 92660
01 FC:2501
02 FC:8001

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/937,632	01/22/2002	Douglas D. Burkett	344-P-26-USA	8833

TITLE OF INVENTION: IN VIVO STAIN COMPOUNDS AND METHODS OF USE TO IDENTIFY DYSPLASTIC TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAMBKIN, DEBORAH C	1626	424-009700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 DRUMMOND & DUCKWORTH
- 2 _____
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Zila Biotechnology, Inc.

Phoenix, AZ

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature) _____ (Date) _____

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)

(37 C.F.R. 311)

Docket No.

344-P-26-USA

Applicant(s): Douglas D. Burkett

Application No.

09/937,632

Filing Date

01/22/2002

Examiner

Lambkin, Deborah C.

Customer No.

Group Art Unit

1626

Confirmation No.

8833

Invention: **IN VIVO STAIN COMPOUNDS AND METHODS OF USE
TO IDENTIFY DYSPLASTIC TISSUE**

Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 665.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
- ☐ Publication Fee: _____
- ☒ A check in the amount of \$695.00 is attached.
- ☐ The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
- ☐ Charge the amount of _____
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Signature

William H. Drummond
DRUMMOND & DUCKWORTH
5000 Birch Street
Suite 440 East Tower
Newport Beach, CA 92660

Dated: September 9, 2004

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Douglas D. Burkett**

Docket No.

344-P-26-USA

Application No.

09/937,632

Filing Date

01/22/2002

Examiner

Lambkin, Deborah C.

Customer No.

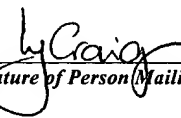
Group Art Unit

1626Invention: **IN VIVO STAIN COMPOUNDS AND METHODS OF USE TO IDENTIFY DYSPLASTIC TISSUE**

I hereby certify that the following correspondence:

Transmittal of Payment of Issue Fee (Small Entity); PTO Form PTOL-85; Fee \$695,*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 9, 2004*(Date)***Lynne J. Craig***(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)***EL 980135940 US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**